

LOCAL BANKRUPTCY FORM NO. 6

IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF PENNSYLVANIA

IN RE: : **BANKRUPTCY CASE NO. 19-10617-TPA**
: **CHAPTER 7**
Chesley J. Terrill, Jr., : **DOCKET NO.: 17**
Debtor, :
_____ :

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s), or statement(s) are transmitted herewith:

_____ Voluntary Petition *Specify reason for amendment:*

Official Form 6 Schedules (Itemization of Changes Must Be Specified)

_____ Summary of Schedules

_____ Schedule A - Real Property

_____ Schedule B - Personal Property

_____ Schedule C - Property Claimed as Exempt

_____ Schedule D - Creditors holding Secured Claims

Check one:

_____ Creditor(s) added

_____ NO creditor(s) added

_____ Creditor(s) deleted

_____ Schedule E - Creditors Holding Unsecured Priority Claims

Check one:

_____ Creditor(s) added

_____ NO creditor(s) added

_____ Creditor(s) deleted

_____ Schedule F - Creditors Holding Unsecured Nonpriority Claims

Check one:

_____ Creditor(s) added

_____ NO creditor(s) added

_____ Creditor(s) deleted

_____ Schedule G - Executory Contracts and Unexpired Leases

Check one:

_____ Creditor(s) added

_____ NO creditor(s) added

_____ Creditor(s) deleted

_____ Schedule H - Codebtors

☒ Schedule I - Current Income of Individual Debtor(s)

_____ Schedule J - Current Expenditures of Individual Debtor(s)

_____ Statement of Financial Affairs

____ Chapter 7 Individual Debtor's Statement of Intention
____ Chapter 11 List of Equity Security Holders
____ Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims
____ Disclosure of Compensation of Attorney for Debtor
 X Other: State of Current Monthly Income

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Respectfully submitted,

Date: August 13, 2019

/s/ Daniel P. Foster
Daniel P. Foster, Esquire
PA I.D. # 92376
Foster Law Offices
Post Office Box 966
Meadville, PA 16355
Tel: 814.724.1165
Fax: 814.724.1165
Email: dan@mrdebtbuster.com
Attorney for Debtors

MAILING MATRIX

Tamera Ochs Rothschild
trothschild@gmx.com

Office of the United States Trustee
Ustregion03.pi.ecf@usdoj.gov

Chesley J. Terrill, Jr.
22239 Highway 18
Conneautville, PA 16406

Fill in this information to identify your case:

Debtor 1 Chesley J Terrill, Jr.

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA

Case number 19-10617
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☐ Employed
- ☒ Not employed

Retired

Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>N/A</u>

Debtor 1 **Chesley J Terrill, Jr.**

Case number (if known) **19-10617**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 0.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify:	5h.+ \$ 0.00	+ \$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A
8e. Social Security	8e. \$ 984.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Stamps	8f. \$ 190.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify: Prorated Tax Refund	8h.+ \$ 72.75	+ \$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 1,246.75	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,246.75 + \$ N/A = \$ 1,246.75	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		12. \$ 1,246.75 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 Chesley J Terrill, Jr.

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 19-10617
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☒ Check if this is an amended filing

Official Form 122A - 1 Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☒ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>72.75</u>	\$ _____
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ _____
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ _____
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from a business, profession, or farm	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from rental or other real property	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>
7. Interest, dividends, and royalties	\$ <u>0.00</u>	\$ _____

Debtor 1 **Chesley J Terrill, Jr.**

Case number (if known) **19-10617**

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation	\$ 0.00	\$
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you	\$ 0.00	
For your spouse	\$	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.		
Food Stamps	\$ 158.33	\$
	\$ 0.00	\$
Total amounts from separate pages, if any.	+ \$ 0.00	\$
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 231.08	+ \$ = \$ 231.08
		Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 **Copy line 11 here=>** \$ **231.08**

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form

12b. \$ **2,772.96**

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. **PA**

Fill in the number of people in your household. **1**

Fill in the median family income for your state and size of household. **13. \$ 55,117.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Chesley J Terrill, Jr.

Chesley J Terrill, Jr.

Signature of Debtor 1

Date **August 15, 2019**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Debtor 1 **Chesley J Terrill, Jr.**

Case number (if known) **19-10617**

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **12/01/2018** to **05/31/2019**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Prorated Tax Refund**

Constant income of **\$72.75** per month.

Line 10 - Income from all other sources

Source of Income: **Food Stamps**

Income by Month:

6 Months Ago:	12/2018	\$0.00
5 Months Ago:	01/2019	\$190.00
4 Months Ago:	02/2019	\$190.00
3 Months Ago:	03/2019	\$190.00
2 Months Ago:	04/2019	\$190.00
Last Month:	05/2019	\$190.00
Average per month:		\$158.33

Non-CMI - Social Security Act Income

Source of Income: **Social Security Benefits**

Income by Month:

6 Months Ago:	12/2018	\$1,089.00
5 Months Ago:	01/2019	\$1,120.00
4 Months Ago:	02/2019	\$1,120.00
3 Months Ago:	03/2019	\$1,120.00
2 Months Ago:	04/2019	\$1,120.00
Last Month:	05/2019	\$984.00
Average per month:		\$1,092.17